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APPL	CATION FOR SPECIAL			
	SNATED LICENSE			
CITY O	F LINCOLN CITY CLERK'S OFFICE			
555 S 1 LINCOL	0 N NE 68508			
	: (402) 441-7438			
	OO			
	DO YOU NEED P	OSTERS?	∕ES □ N	JOD#
RETA	IL LICENSE HOLDER ()		•	10 <u>\</u>
				FILED
NON	PROFIT APPLICANT		JUN	19 2015
	Non Profit Status (check one that best applies):			2015
	Municipal O Political O Fine Arts O Fraternal O Relig	ious O Charitable	OTTY CLES	Wisco
	The same same of transfinal of the light	nous O Chantable	ervic Servic	CENOFFICE
COMF	LETE ALL QUESTIONS			
4	Turns of almost the last			
1.	Type of alcohol to be served and/or consumed: Beg	Wine 🗹	Distilled	Spirits 🗌
2.	Liquor license number and class (i.e. C55441, CK55441)	W-1	
	(If you're a nonprofit organization leave blank)	,		
3.	Licenses name (lest first)			
J.	Licensee name (last, first,), corporate name or limited lia	ability company (LLC	c) name (As it	reads on
	your liquor license). If you are a nonprofit, name & addr	ess of the organizat	ion.	
	NAME: Uncoln Children's	725		
	ADDRESS: 1777 S 77th S	5 600	_	
	CITY: Livialia	710	1000	7
		ZIP:	68.50	
4.	Location where event will be held; name, address, city, o	county, zip code		
	BUILDING NAME: INCOLO AMIDOCO	0		
	BUILDING NAME: UNCOLD MICHAELS	5 (00		
	ADDRESS: \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CITY:	Uncoln	
	ZIP: \(\alpha\sqrt{2}\sqrt{7}\) COLIN	TV 9 COUNTY "	U.COM	<i>(</i> *)
	LIII (VO)CC COUN	TY & COUNTY #:	Lancaster	(oundy
	a la desarro de la companiona de la comp		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
	a. Is this location within the city/village limits?		YESE	NO
			- 1	
				1.80
	b. Is this location within the 150' of church, school, ho	spital or home	YES□	NOD
	for aged/indigent or for veterans and/or wives?	NO 122	1200	NOCH
	Total Commence of the Commence			
	c. Is this location within 300' of any university or colleg	ge campus	YES□	NOIT

<u>5.</u>	Date(s) an	d Time(s) of event (r	no more than six (6)	consecutive days	s on one applicatio	\n)
Date	ly 11, 2015	Date	Date	Date	Date	Date
Hour:	s O	Hours From To	Hours From	Hours From	Hours From	Hours From
То	pm		То	То	То	То
<u> </u>	a. Alte	rnate date:	WIA			
		rnate location: ernate date or loca	tion must be speci	fied in local appr	oval)	-
6.	Indicate typ ODance Other:	e of activity to be ca OReception	rried on during ever Fund Raiser	nt: OBeer Ga	rden OSam 	pling/Tasting
7.	Inside buildi	of area to be licenseing, dimensions of area	rea to be covered IN	(not square	x e feet or acres)	
	*SKETCH C	or outlook area	A (or attach copy o	f sketch) (sample	sketch)	
	If outdoor are fence other:	ea, how will premise snow fence	chain link		panelte	ent
8.	How many a	ttendees do you exp	ect at event?	\mathcal{D}		
9.	alconol peve	ttendees. Indicate the rages. (Attach separe execute Secure Secure execute secure execute exec	ale sneet it needed	taken to prevent u Mecked at Minors	nderage persons f front gate wt allowed	rom obtaining
	Will premises a. Are th	s to be covered by lic nere separate toilets	cense comply with a for both men and w	ıll Nebraska sanita romen? YES		NO

11.	Retailer: Will you be purchasing your alcohol from a wholesaler? YES NO Non-Profit: Where will you be purchasing your alcohol? Wholesaler Retailer Both BYO (includes wineries)
12.	Will there be any games of chance operating during the event? YES NO
	NOTE: Only games of chance approved by the Department of Revenue, Charitable Gaming Division are permitted. All other forms of gambling are prohibited by State Law: There are no exceptions for Non Profit Organizations or any events raising funds for a charity. This is only an application for a Special Designated License under the Liquor Control Act and is not a gambling permit application.
13.	Any other information or requests for exemptions (must be received by Commission 30 days prior to event, complete NLCC form 140):
14.	Name and telephone number/cell phone number of immediate supervisor . This person will be at the location of the event when it occurs, able to answer any questions from Commission and/or law enforcement before and during the event, and who will be responsible for ensuring that any applicable laws, ordinances, rules and regulations are adhered to. PLEASE PRINT LEGIBLY
	Print name of Event Supervisor: Evan Killeen
	Signature of Event Supervisor:
	Event Supervisor phone: Before 402 475 6741 During 402-770-0846 Email address: EXIVEENCE Lincoln 200.000
15.	Consent of Authorized Representative/Applicant I declare that I am the authorized representative of the above named license applicant and that the statements made on this application are true to the best of my knowledge and belief. I also consent to an investigation of my background including all records of every kind including police records. I agree to waive any rights or causes of action against the Nebraska Liquor Control Commission, the Nebraska State Patrol or any other individual releasing said information to the Liquor Control Commission or the Nebraska State Patrol. I further declare that the license applied for will not be used by any other person, group, organization or corporation for profit or not for profit and that the event will be supervised by persons directly responsible to the holder of this Special Designated License.
sign here	Authorized Representative/Applicant Title Date General Manage 6/19/15 Date Date
his ind	Print Name

This individual must be listed on the application as an officer or stockholder unless a letter has been filed appointing an individual as the catering manager allowing them to sign all SDL applications.

The law requires that no special designated license provided for by this section shall be issued by the Commission without the approval of the local governing body. For the purposes of this section, the local governing body shall be the city or village within which the particular place for which the special designated license is requested is located, or if such place is not within the corporate limits of a city or village, then the local governing body shall be the county within which the place for which the special designated license is requested is located.

This page is required to be completed by Non Profit applicants only.

Application for Special Designated License Under Nebraska Liquor Control Act Affidavit of Non-Profit Status

I HEREBY DECLARE THAT THE CORPORATION MAKING APPLICATION FOR A SPECIAL DESIGNATED LICENSE UNDER THE NEBRASKA LIQUOR CONTROL ACT IS EITHER A MUNICIPAL CORPORATION, A FINE ARTS MUSEUM INCORPORATED AS A NONPROFIT CORPORATION, A RELIGIOUS NONPROFIT CORPORATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, A POLITICAL ORGANIZATION WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES, OR ANY OTHER NONPROFIT CORPORATION, THE PURPOSE OF WHICH IS FRATERNAL, CHARITABLE, OR PUBLIC SERVICE AND WHICH HAS BEEN EXEMPTED FROM THE PAYMENT OF FEDERAL INCOME TAXES AS PER §53-124.11(1).

AS SIGNATORY I CONSENT TO THE RELEASE OF ANY DOCUMENTS SUPPORTING THIS DECLARATION AND ANY DOCUMENTS SUPPORTING THIS DECLARATION WILL BE PROVIDED TO THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY AGENT OF THE LIQUOR CONTROL COMMISSION IMMEDIATELY UPON DEMAND. I ALSO CONSENT TO THE INVESTIGATION OF THIS CORPORATE ENTITY TO DETERMINE IT'S NONPROFIT STATUS.

I AGREE TO WAIVE ANY RIGHTS OR CAUSES OF ACTION AGAINST THE NEBRASKA LIQUOR CONTROL COMMISSION, THE NEBRASKA STATE PATROL OR ANY PARTY RELEASING INFORMATION TO THE AFOREMENTIONED PARTIES.

NAME OF CORPORATION

47-0482255

FEDERAL ID NUMBER

GENERAL NOTARY-State of Nebraska
JACKIE L LEHN
My Comm. Exp. Dec. 15, 2017

THE ABOVE INDIVIDUAL STATES THAT THE STATEMENT ABOVE IS TRUE AND CORRECT: IF ANY FALSE STATEMENT IS MADE ON THIS APPLICATION, THE APPLICANT SHALL BE DEEMED GUILTY OF PERJURY AND SUBJECT TO PENALTIES PROVIDED BY LAW. (SEC. §53-131.01) NEBRASKA LIQUOR CONTROL ACT

SIGNATURE

SUBSCRIBED IN MY PRESENCE AND SWORN TO BEFORE ME THIS ______ DAY OF

NOTARY PUBLIC SIGNATURE & SEAL

CORPORATE O

SUPPLEMENTAL FORM REQUIRED FOR ALL OUTDOOR EVENTS

(Including those for Non Profit Organizations)

Name of Event: Response of the last
1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Applicant and Sponsoring Organization or Individual (if applicable): Lincoln Children's Zoo
Date(s) of Event: July 11, 2015 Hours: 6-1pm
Alternate Date(s): WA Hours:
Is the event open to the public? Yes No
How will you ensure that minors will not be served or consume beverages containing alcohol:
PARAT Secretary The charlest of social manifestation of
Event, Security, ID's checked out gate, minors not allowed wristbands for attendeed
Will food be served? Yes No If yes, please list food to be served: Brats
If yes, please list food to be served:
chips, and hamburgers
Will non-alcoholic beverages be served: Yes If yes, please list non-alcoholic beverages to be served: No Water + pepsi product
Who will serve the beverages containing alcohol? Staff who have taken Server/Must complete Server/Seller Applicant Information Sheet.
Have the designated servers received responsible beverage server training? X Yes No
No — Some \ 0 \ Decress
Will there be a charge for admission? YesNo
In the last 12 months, have you received notice of a liquor law violation that occurred during an event at which you were the special designated licensee? Yes No If so, explain:
Applicant's Signature

SITE PLAN INFORMATION REQUIRED FOR ALL OUTDOOR EVENTS

Please provide a drawing showing the following. Provide as much detail as possible to ensure your application is not returned to you for more information. Attach additional drawings, dimensions if necessary. 1. Number of Entry & Exit Points & Dimensions: (
Note: Two (2) exit points must be indicated on your drawing. These exits <u>cannot</u> lead patrons into the building. Questions relating to entry/exit points; electrical wiring; tent sizes can be directed to: Chuck Schweitzer, Fire Prevention Bureau: (402) 441-6441.		
1. Entry: Single 7'x3', Exit3each 7'x2.5' one way tarn Style doors		
Z. N/A-no tents		
3.10 acre grounds, See Map		
4. Zoo Cafe, grill & fryer		
5. See attached map		
6. 8ft barbed wire fencing around perimeter. The loo is permanently fenced+gated, as the Zoo is a Secure area by nacessity.		